	EG-+in 12/09/2004				Com	piete ij miowi		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application	Application Number 10/539,68		8		
FEE '	Filing Date	Filing Date June 16,		005				
F	First Name	First Named Inventor Luciano		Salice				
Applicant claims small entity status. See 37 CFR 1.27			Examiner N	Examiner Name Mari		Mark A. Williams		
TOTAL AMOUNT OF PAYMENT (\$)0		Art Unit	Art Unit 3		3676			
			Attorney D	ocket No.	27419/260	(4565PTU	S/er)	
	AYMENT (check al	11.2/						
☑ Check☐ Deposit Account		•] None □ 14-1138	· ·	•	ne: Nixon	Panhody I I D	
1	-identified deposit account					ne. Nixon	reabody LLF	
	fee(s) indicated below		·			ated below, ex	cept for the filing	fee
	any additional fee(s) or ur 7 CFR 1.16 and 1.17	derpayments of fee	e(s)	▼ Cred	lit any overpay	ments		
WARNING: Informand authorization or	nation on this form may b n PTO-20238.	oecome public. Cr	edit card infor	mation should n	ot be included	l on this form	. Provide credit c	ard information
FEE CALCULAT	ION							
1. BASIC FILIT	NG, SEARCH AND E	XAMINATION	FEES					
	FIL	ING FEES	SEA	RCH FEES	EXA	AMINATION	FEES	
Application Ty	pe Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	y Fee (\$		<u>l Entity</u> e (\$)	Fees Paid (\$)
Utility	300	150	500	250	200		.00	rees raid (3)
Design	200	100	100	50	130		65	
Plant	200	100	300	150	160		80	
Reissue	300	150	500	250	600		300	
Provisional	200	100	0	0	0		0	
2. EXCESS CL. Fee Description Each claim over 20 or	AIM FEES	over 20 and more 1	han in the origir	nal patent			<u>Fee (\$)</u> 50	Small Entity Fee (\$) 25
Each independent clai	claim more than	in the original pa	itent		200	100		
Multiple dependent cl	Fee (\$)				360	180		
<u>Total Claims</u> 13 - 20				<u>Fee Paid (\$)</u> = \$0		Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
	of total claims paid for, i		\$25			\$180	\$0	
Indep. Claims	Extra Clai	<u>ms</u>	Fee (\$)	Fee Paid	<u>l (\$)</u>			
3		x	4100	= \$0				
HP =- highest number	of independent claims pa	id for, if greater tha	in 3					
3. APPLICATION	ON SIZE FEE If the specification and of for each additions are specification and the specific each additional areas are specifications.	drawings exceed 10						
Total Sheets	Extra Sh			ch additional 50			Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =		_(round up to a	whole number	:) x		=
4. OTHER FEE(S)								Fees Paid (\$)
Non-English Sp	ecification, \$13	0 fee (no small enti	ty discount)				_	
Other:							_	
SUBMITTED BY								
Signature /Gunnar G. Leinberg/			Registration No. 35,584 (Attorney/Agent)		Telephone (585) 263-1014			
Name (Print/Type) Gunnar G. Leinberg						Date October 2, 2006		
CERTIFICATE OF M	IAILING OR TRANSMIS	SSION [35 CFR 1.8	(a)]					
I hereby certify that the addressed to: Mail St	*							
Name:								

Complete if Known